Borough of Swedesboro Vital Statistics and Registry Address - City, State, Zip

APPLICATION FOR A <u>NON-GENEALOGICAL</u> CERTIFICATION OR CERTIFIED COPY OF VITAL RECORD

Certified Copy			Requestor's Relationship Person on Record	to Requestor's	Signature	
Certified Copy for an Apostille Seal			proof is required for certified co	ру)		
☐ Certification				Date (of reque	st) / /	
Name of Requestor				Reasons for	Request	
First	Middle			Passpoi		
Last				Driver's	License	
Current Mailing Address (must match address on ID)					s' Benefits	
Street		•		Social S	ecurity Card / Benefits	
City	State Zip Code				re / Disability	
Email Address			Daytime Phone Number	Other:		
	@ .		() -			
BIRTH						
Child's Name at Birth	First		Middle	Last		
No. Requested Copies	Place of Birth			County	Date of Birth	
	City		State	-	/ /	
Name of Child's Paren	ts (name given at birth or on b	irth certifi	icate / Maiden Name)	1		
Parent A First		Middle		Last		
Parent B First Middle				Last		
If Child's name was ch	anged:					
New Name	_		Describe Change			
MARRIAGE CIVIL UNION			DOMESTIC	PARTNERSHIP		
No. Requested Copies	Place of Event			County	Date of Event	
	City		State		/ /	
Name of Spouses (name	given at birth or on birth certifi	cate / Mo	niden Name)			
pouse A First	Middle			Last		
pouse B First	Middle			Last		
DEATH						
lame of Decedent	irst Middle		Last			
lo. Requested Copies	Place of Death			County	Date of Death	
	City		State		/ /	
	rents (name given at birth or o		ertificate / Maiden Name)			
arent A First	Middle			Last		
arent B First		Middle		Last		
Have you enclosed and completed all Completed Application					f Relationship	
quired information?			Payment		Acceptable Forms of ID	
					Address Matches ID	
			FOR STATE USE ONLY			
G-37a Payment Type:	☐ Cash ☐ M/O ☐ Check ☐	Waived	Amount: \$	☐ ID Viewed Prod	cessed By:	